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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Teichert, John, , ,		
(b) Address (number and street) PO Box 3782 1296 Cronson Blvd		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Crofton MD 21114		2. Candidate's FEC Identification Number S4MD00400
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought Senate
6. State & District of Candidate MD 00		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) John Teichert for Senate		
(b) Address (number and street) PO Box 3782 1296 Cronson Blvd.		
(c) City, State, and ZIP Code Crofton MD 21114		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Teichert, John, , ,	Date 10/02/2023
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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